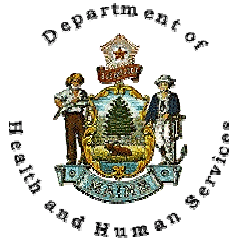


**John Elias Baldacci**  
Governor



**John R. Nicholas**  
Commissioner

**Maine Department of Health and Human Services  
11 State House Station  
Augusta, Maine 04333-0011  
Bureau of Medical Services**

October 18, 2004

**TO:** Interested Parties

**FROM:** Christine Gianopoulos, Acting Director, Bureau of Medical Services

**SUBJECT:** Final Rule: MaineCare Benefits Manual (MBM), Chapters II and III, Section 100, Psychological Services

This final rule establishes therapy services limitations of 16 total hours per member per year as instructed by the Legislature. The services limitation does not apply to members under the age of 21, chronic pain management services, emergency services, psychological examiner intervention services, collateral contacts or psychological testing. Chapter III has been amended to include code changes that will replace existing codes for purposes of HIPAA compliance. The 16 hour therapy services limitation begins October 31, 2004.

Note: The 16 hours limitation only applies to MaineCare covered services. Therefore, counting the number of hours would not begin for members with Medicare coverage or other third party health insurance until the coverage for psychological services by the other payor has been exhausted. Rules and related rulemaking documents may be reviewed at and printed from the Bureau of Medical Services website at <http://www.maine.gov/bms/MaineCareBenefitManualRules.htm> or, for a fee, interested parties may request a paper copy of rules by contacting (207) 287-9368 or TTY: (207) 287-1828 or 1-800-423-4331.

This rule is effective October 31, 2004.

## **Notice of Agency Rule-making Adoption**

**AGENCY:** Department of Health and Human Services, Bureau of Medical Services

**CHAPTER NUMBER AND TITLE:** MaineCare Benefits Manual (MBM), Chapters II and III, Section 100, Psychological Services.

**ADOPTED RULE NUMBER:**

**CONCISE SUMMARY:**

This final rule establishes therapy services limitations of 16 total hours per member per year as directed by the Legislature. The services limitation does not apply to members under the age of 21, chronic pain management services, emergency services, psychological examiner intervention services, collateral contact, or psychological testing. Chapter III has been amended to include code changes that will replace existing codes for purposes of HIPAA compliance. The 16 hour therapy services limitation begins October 31, 2004.

See <http://www.maine.gov/bms/MaineCareBenefitManualRules.htm> for rules and related rulemaking documents.

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100.01 DEFINITIONS

Eff. 10-31-04 "Psychological Services", as set forth in this section, are those services provided to a member in accordance with a plan of care by an individual in private practice who meets the licensure requirement for the diagnosis and treatment of mental, psychoneurotic, or personality disorders as described in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

100.01-1 Psychological Evaluation

Eff. 10-31-04 The assessment of the member in order to develop a treatment plan for the member, which includes a direct encounter between the member and the provider delivering the service.

100.01-2 Psychotherapy

Eff. 10-31-04 A method of treatment of mental disorders using the interaction between a therapist and a member to promote emotional or psychological change to alleviate mental disorder.

100.01-3 Neuropsychology

A specialty within clinical psychology dealing with brain-behavior relationships.

100.01-4 Group Psychotherapy

Eff. 10-31-04 Psychotherapy utilizing group processes to facilitate individual change.

100.01-5 Family Psychotherapy

Treatment carried out to ameliorate a problem growing out of a conflict involving at least one child and requiring the presence of two or more family members at most sessions.

100.01-6 Psychological Testing

Testing for diagnostic purposes to determine the level of intellectual function, personality characteristics, etc., through the use of standardized test instruments or projective tests.

100.01-7 Self-Administered Testing

Eff. 10-31-04 Testing administered by the member, which is scored by automation to assess intellectual functioning or personality characteristics.

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100.01 **DEFINITIONS** (cont'd)

100.01-8 Intervention Services

Consultation, behavior management, and social skills training performed by a psychologist or a psychological examiner when under the direct supervision of a licensed psychologist.

100.01-9 Collateral Contacts

Eff. 10-31-04

Direct (face-to-face) contact on behalf of the member by a provider to obtain information from, or discuss the member's case with, other professionals, caregivers, or others included in the treatment plan in order to achieve continuity of care, coordination of services and the appropriate services for the member.

100.01-10 Extended or Emergency Services

Services which are in direct response to a situation in which there is a sudden appearance of a very unusual, disordered or socially inappropriate behavior and which, if this behavior is not therapeutically responded to, life-threatening and/or psychologically damaging consequences are likely to result for the member.

100.01-11 Chronic Pain Management Services

Psychological services for the treatment of chronic pain, more than three months in duration and associated with an underlying physical illness.

100.02 **ELIGIBILITY FOR CARE**

Eff. 10-31-04

Individuals must meet financial eligibility as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive.

100.03 **DURATION OF CARE**

Each categorically needy member of Title XIX or XXI is eligible for covered services which are medically necessary. The Department reserves the right to request additional information to evaluate medical necessity.

The Department or its authorized agent reserves the right to do utilization review.

100.04 **COVERED SERVICES**

Eff. 10-31-04

A covered service is a service which is face-to-face contact with a member(s) for which payment to a provider is permitted under the rules of this manual. The types of psychological services that are covered for eligible members are those that can be identified by applying the following criteria:

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100.04 **COVERED SERVICES** (cont)

100.04-1 Psychologist's Services

The following services are covered when provided by a psychologist in private practice:

- A. Psychological evaluation;
- B. Psychotherapy (individual, group and family);
- C. Psychological testing; and
- D. Collateral contact.

Eff. 10-31-04

100.04-2 Psychological Examiner's Services

The following services are covered when provided by a psychological examiner practicing within the scope of his or her license:

- A. Psychological testing;
- B. Intervention Services: consultation, behavior management, or social skills training when performed under the direct supervision of a licensed psychologist; and
- C. Collateral contact.

Eff. 10-31-04

100.04-3 Chronic Pain Management Services

- A. Services for the treatment of chronic pain are covered when provided by a psychologist in private practice who is approved by the Bureau of Medical Services to provide chronic pain management services and as stipulated in the provider's Letter of Approval with the Bureau of Medical Services subject to limitations specified in 100.05-7.

- B. Covered chronic pain management services includes:

- 1. Psychological evaluation;
- 2. Intervention services including consultation, behavior management, relaxation training and self-management;
- 3. Cognitive therapy (individual, group, family); and
- 4. Collateral contact.

Eff. 10-31-04

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100.05 LIMITATIONS

Eff. 10-31-04 Therapy services are limited to 16 total hours per year. The services limitation of 16 total hours does not apply to services to members under the age of 21 years, chronic pain management services, emergency services, psychological examiner intervention services, collateral contacts and psychological testing.

100.05-1 Group Psychotherapy

Eff. 10-31-04 A. In group psychotherapy, enrolled membership in the group must be between 4 and 10, inclusive. Enrolled membership refers to people who are regular members of the group, whether or not they are in attendance at every session. The group has no more than 2 members of the same family. Group psychotherapy sessions have a duration of 60-90 minutes and usually occur with an average frequency of once a week or less. Members receiving group psychotherapy services shall be eight (8) years of age or older, unless members less than eight (8) years of age are receiving therapy in a group to specifically address attention deficit or a severe childhood trauma which may include, but is not limited to, having lost or had a serious threat to one's life or physical integrity, having had a serious threat or harm to a parent or sudden destruction of one's home or community. Group psychotherapy services provided by co-therapists must be claimed at the rate for group therapy by a psychologist co-therapist.

Eff. 10-31-04 B. Reimbursement for group psychotherapy services shall not exceed ninety (90) minutes per week except for:

1. Members in an inpatient psychiatric facility, for whom service shall be provided in accordance with the plan of care;
2. Members who are in a group therapy that is designated for the purpose of treatment for trauma, for example: sex abuse treatment, or domestic abuse treatment;
3. Children receiving group therapy that is designated for the purpose of treatment for attention deficit or severe childhood trauma as defined above;
4. Members who are in a group therapy that is designated for the purpose of sex offender treatment; or
5. Members who are receiving partial hospitalization services.



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100.05 **LIMITATIONS** (cont)

100.05-2 Family Therapy

Eff. 10-31-04

A. Family psychotherapy involves at least one child (who may be an adult child) and requires the presence of two or more family members at most sessions. At least one family member receiving family therapy services at a session must be a MaineCare member. Only one psychologist may be reimbursed for the same family therapy session.

B. Reimbursement for family psychotherapy services shall not exceed ninety (90) minutes per week except for:

Eff. 10-31-04

1. Members in an inpatient psychiatric facility, for whom service shall be provided in accordance with the plan of care;
2. Members who are in family therapy that is designated for the purpose of treatment for trauma, for example: sex abuse treatment, or domestic abuse treatment;
3. Children receiving family therapy that is designated for the purpose of treatment for attention deficit or severe childhood trauma as defined above;
4. Members who are in a family therapy that is designated for the purpose of sex offender treatment; or
5. Members who are receiving partial hospitalization services.

100.05-3 Individual Psychotherapy

Eff. 10-31-04

Reimbursement for individual psychotherapy shall be limited to two (2) hours per week, except when a member requires services for an emergency situation. MaineCare will reimburse for emergency psychotherapy that meets the definition in 100.01-10 up to eight (8) visits; no more than two (2) hours will be reimbursed within a single twenty-four (24) hour period. MaineCare reimbursement for individual psychotherapy will be made to only one psychological services provider at any given time, unless temporary coverage is provided in the absence of the member's usual provider or when another professional opinion is required.

100.05-4 Psychological Testing

Psychological testing includes the administration of the test, the interpretation of the test, and the preparation of test reports. Not included are preliminary diagnostic interviews or subsequent consultation visits.

Reimbursement for psychological testing sessions shall be limited to no more than four (4) hours except for the following:

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100.05 **LIMITATIONS** (cont)

- A. Each Halstead-Reitan Neuropsychological Battery or any other comparable Neuropsychological Battery is limited to no more than seven (7) hours (including testing and assessment). This is to be limited to use only when there is a question of a neuropsychological and cognitive deficit;
- B. Testing for Intellectual Level alone is limited to no more than two (2) hours;
- C. Each self administered test is limited to 30 minutes; or
- D. Behavioral Assessment.

Eff. 10-31-04

100.05-5 Psychological Evaluations

Eff. 10-31-04

Reimbursable psychological evaluations are limited to those needed to determine whether or not to treat, how to treat and when to stop treatment. Reimbursement for a psychological evaluation does not include psychological testing.

Reimbursement for psychological evaluations must not exceed two (2) hours.

100.05-6 Collateral Contacts

Eff. 10-31-04

Collateral contact means a face-to-face contact on behalf of the member by a mental health professional to seek information, or discuss the member's case with other professionals, caregivers, or others included in the treatment plan in order to achieve continuity of care, coordination of services and the most appropriate mix of services for the member.

100.05-7 Chronic Pain Management Services

Reimbursement for chronic pain management services is limited in the following ways:

Eff. 10-31-04

- A. Only those services provided to MaineCare members demonstrating a pattern of inappropriate and suboptimal use of health care services related to their chronic pain will be eligible for reimbursement. Further, a member's condition must be either inadequately controlled by available standard therapies or potentially controlled more cost effectively by appropriate psychological treatment of the chronic root condition. Inappropriate and suboptimal use of health care services includes, but is not limited to, frequent use of physician office services or hospital emergency department services for treatment of the manifestations of a chronic illness,

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100.05 **LIMITATIONS** (cont)

- |               |   |
|---------------|---|
| Eff. 10-31-04 | rather than the chronic illness itself; or a member's use of a number of different physicians within a circumscribed time period for treatment of the same condition; or drug-seeking behaviors related to an incompletely addressed or undiagnosed underlying chronic condition. Similarly, a member's failure to demonstrate the expected therapeutic response to usual and standard therapies such that the member's physician suspects there may be a psychological obstacle to that member's improvement is an example of a situation where a member may be an appropriate candidate for chronic pain management services and where such services would be eligible for reimbursement. |
| Eff. 10-31-04 |   |
|               | B. Those psychological therapeutic techniques employed must be within the licensed psychologist's scope of practice and must be recognized in the peer clinical literature as appropriate to the chronic condition under treatment.   |
| Eff. 10-31-04 | Note: The 16 hours limitation would not begin for members with Medicare coverage or other third party health insurance until the coverage for psychological services by the other payor has been exhausted.   |

100.06 **POLICIES AND PROCEDURES**

100.06-1 Diagnosis

All psychological services, with the exception of psychological testing, must be initiated by the establishment of a definitive diagnosis by the psychologist.

100.06-2 Licensure Requirements

A. Psychologist

A psychologist must be licensed as a psychologist by the Maine Board of Examiners of Psychologists or by the State or Province where services are provided.

B. Psychological Examiner

A psychological examiner must be licensed as a psychological examiner by the Maine Board of Examiners of Psychologists or by the State or Province where services are provided.

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100.06 **POLICIES AND PROCEDURES** (cont)

100.06-3 Approval to Provide Chronic Pain Management Services

- A. A licensed psychologist may submit an application for approval to provide chronic pain management services to the Bureau of Medical Services. Such application must contain the following elements:
1. A complete description of the provider's education and experience in treating members with chronic pain, documenting the provider's expertise in treatment of chronic pain;
  2. A generic treatment plan for approaching the care and management of members with chronic pain;
  3. A list of outcome measures that may be used by the Bureau of Medical Services to evaluate the impact the treatment provided has on the member with chronic pain, to include a list of data elements that will be used by the provider to document treatment outcomes;
  4. A detailed description of the protocol that may be used by the Bureau of Medical Services and the provider in determining whether an individual member may be considered responsive or non-responsive to treatment of chronic pain as well as a protocol for addressing further treatment of non-responsive members;
  5. A statement indicating the applicant's ability and willingness to offer the referring provider a professional assessment regarding the psychological factors that may be preventing a member's therapeutic response (i.e. secondary gain issues or avoiding substance abuse considerations or a more appropriate referral); and
  6. A description of the psychologist's plans to apprise the member's primary care provider of progress.
- B. Granting of Approval

The Bureau of Medical Services will approve applications for provision of chronic pain management services from licensed psychologists with appropriate training and expertise in this specialty area. In addition, such providers must agree to follow the general treatment plan outlined in their approved application and must agree to track and submit outcome reports to the Bureau of Medical Services on a schedule to be set forth in the Letter of Approval issued by the Bureau of Medical Services. The provider must also agree to abide by the protocol described in his or her application, and approved by the Bureau of Medical Services, to determine the responsiveness of a member to chronic pain management services. Approval to provide chronic pain management services is subject to annual review by the Surveillance and Utilization Review Unit of the Bureau of Medical Services. Failure to comply with the terms of approval will result in revocation of a provider's eligibility for reimbursement for chronic pain management services and possible recoupment.

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100.06 **POLICIES AND PROCEDURES** (cont)

C. Letter of Approval

The Bureau of Medical Services shall provide each qualified licensed psychologist meeting the requirements in paragraph 100.06-3 (B) a letter of approval, stating that he or she is eligible to provide chronic pain management services to MaineCare members. This letter shall specify the conditions under which such services can be provided. Compliance with those conditions is required for reimbursement.

Eff. 10-31-04

100.06-4 Setting

Psychological services are covered regardless of the setting in which the services are provided.

Reimbursement will be made for services provided to members in a hospital only when provided on the written orders of a physician (MD or DO) or as provided for in the medical staff By-Laws of each hospital.

Reimbursement will be made for services provided to members in a Nursing Facility (NF) when provided on the written orders of a physician (MD or DO).

Eff. 10-31-04

100.06-5 Member's Records

There should be a specific record for each member that must include, but not necessarily be limited to:

- A. The member's name, address, and birth date;
- B. The member's medical and social history, as appropriate;
- C. The member's presenting problem, diagnosis and the attending psychologist if applicable;
- D. Long and short range goals, as appropriate;
- E. A description of any tests ordered and performed and their results;
- F. A description of treatment, counseling, or follow-up care;
- G. Plans for coordinating psychological services with other health care agencies when appropriate;
- H. The discharge plan of the member;
- I. The dates on which all services were provided; and

Eff. 10-31-04

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100.06 **POLICIES AND PROCEDURES** (cont)

Eff. 10-31-04 J. Written progress notes that must identify the services provided and progress toward achievement of goals as set forth in the treatment plan.

Entries are required for reimbursable services and must include the name, title, and signature of the service provider and the date of each service.

100.06-6 Surveillance and Utilization Review

Eff. 10-31-04 Surveillance and Utilization requirements are described in Chapter I of the MaineCare Benefits Manual.

100.07 **REIMBURSEMENT**

The maximum allowance for psychological services shall be the lowest of the following:

- A. The amount listed in allowances for psychological services.
- B. The amount allowed by Medicare.
- C. The provider's usual and customary charge.

Eff. 10-31-04 In accordance with Chapter I of the MaineCare Benefits Manual, it is the responsibility of the provider to seek payment from any other resources that are available for payment of the rendered service prior to billing the MaineCare Program.

100.08 **COPAYMENT**

- A. A copayment will be charged to each MaineCare member receiving services. The amount of the copayment shall not exceed \$2.00 per day for services provided, according to the following schedule:

MaineCare Payment for Services	Member Copayment
\$10.00 or less	\$ .50
\$10.01 - 25.00	\$1.00
\$25.01 or more	\$2.00

- Eff. 10-31-04 B. The member shall be responsible for copayments up to \$20.00 per month whether the copayment has been paid or not. After the \$20.00 cap has been reached, the member shall not be required to make additional copayments and the provider shall receive full MaineCare reimbursement for covered services.

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100.08 **COPAYMENT** (cont)

- Eff. 10-31-04
- C. No provider may deny services to a member for failure to pay a copayment. Providers must rely upon the member's representation that he or she does not have the cash available to pay the copayment. A member's inability to pay a copayment does not, however, relieve him/her of liability for a copayment.
  - D. Providers are responsible for documenting the amount of copayments charged to each member (regardless of whether the member has made payment) and shall disclose that amount to other providers, as necessary, to confirm previous copayments.
  - E. Copayment exemptions and dispute resolution procedures are described in Chapter I of the MaineCare Benefits Manual.

100.09 **BILLING INSTRUCTIONS**

- Eff. 10-31-04
- A. Billing must be accomplished in accordance with the Department's billing instructions for the HCFA 1500 that providers receive in their enrolment packages.
  - B. All services provided on the same day must be submitted on the same claim form for MaineCare reimbursement.

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ALLOWED AGE	PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	PRIOR AUTH
<b>LEVEL 3 LOCAL CODES PSYCHOLOGIST</b>				
All Ages	Z6060	1 Hr Group Therapy By A Psychologist Co-Therapist	\$ 15.00	
All Ages	Z6061	3/4 Hr Group Therapy By A Psychologist Co-Therapist	\$ 10.75	
All Ages	Z6062	1/2 Hr Group Therapy By A Psychologist Co-Therapist	\$ 7.50	
All Ages	Z6063	1/4 Hr Group Therapy By A Psychologist Co-Therapist	\$ 4.31	
All Ages	Z9063	1 Hr Group Psychotherapy By Psychologist	\$ 15.00	
All Ages	Z6057	3/4 Hr Group Psychotherapy By Psychologist	\$ 10.75	
All Ages	Z6058	1/2 Hr Group Psychotherapy By Psychologist	\$ 7.50	
All Ages	Z6059	1/4 Hr Group Psychotherapy By Psychologist	\$ 4.31	
All Ages	Z9057	1 Hr Individual Psychotherapy By A Psychologist	\$ 55.81	
All Ages	Z9058	3/4 Hr Individual Psychotherapy By A Psychologist	\$ 41.88	
All Ages	Z9059	1/2 Hr Individual Psychotherapy By A Psychologist	\$ 27.88	
All Ages	Z9061	1/4 Hr Individual Psychotherapy By A Psychologist	\$ 13.88	
All Ages	Z6076	1 Hr Psychological Testing W/Report By Psychologist	\$ 55.81	



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ALLOWED AGE	PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	PRIOR AUTH
All Ages	Z6077	3/4 Hr Psychological Testing W/Report By Psychologist	\$ 41.88	
All Ages	Z6078	1/2 Hr Psychological Testing W/Report By Psychologist	\$ 27.88	
All Ages	Z6079	1/4 Hr Psychological Testing W/Report By Psychologist	\$ 13.95	
All Ages	Z9072	3/4 Hr Individual Covered Emergency Service By A Psychologist	\$ 41.88	
All Ages	Z9073	1/2 Hr Individual Covered Emergency Service By A Psychologist	\$ 27.88	
All Ages	Z9074	1/4 Hr Individual Covered Emergency Service By A Psychologist	\$ 13.88	
All Ages	Z9075	1 Hr Family Psychotherapy By A Psychologist	\$ 55.81	
All Ages	Z9076	3/4 Hr Family Psychotherapy By A Psychologist	\$ 41.88	
All Ages	Z9077	1/2 Hr Family Psychotherapy By A Psychologist	\$ 27.88	
All Ages	Z9078	1/4 Hr Family Psychotherapy By A Psychologist	\$ 13.88	
All Ages	Z9079	1 Hr Group Covered Service, Emergency Services By A Psychologist	\$ 15.00	

Eff.  
10-31-04

Eff.  
10-31-04

Note: Please see Chapter II regarding limitations to services.

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ALLOWED AGE	PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	PRIOR AUTH
All Ages	Z9080	3/4 Hr Group Covered Service, Emergency Services By A Psychologist	\$ 11.25	
All Ages	Z9081	1/2 Hr Group Covered Service, Emergency Services By A Psychologist	\$ 7.50	
All Ages	Z9082	1/4 Hr Group Covered Service, Emergency Services By A Psychologist	\$ 3.75	
All Ages	Z9083	1 Hr Individual Psychological Evaluation By A Psychologist	\$ 55.81	
All Ages	Z9084	3/4 Hr Individual Psychological Evaluation By A Psychologist	\$ 41.88	
All Ages	Z9085	1/2 Hr Individual Psychological Evaluation By A Psychologist	\$ 27.88	
All Ages	Z9086	1/4 Hr Individual Psychological Evaluation By A Psychologist	\$ 13.88	
All Ages	Y9844	Testing Self Administrated W/Automated Screen	\$ 2.50	
All Ages	Y9845	Testing Material	By Report	
All Ages	Y9846	Emergency Care Outside Normal Office Hours	By Report	
All Ages	Z9110	1 Hr Collateral Contact By A Psychologist	\$ 55.81	
All Ages	Z9111	3/4 Hr Collateral Contact By A Psychologist	\$ 41.88	

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ALLOWED AGE	PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	PRIOR AUTH
All Ages	Z9112	1/2 Hr Collateral Contact By A Psychologist	\$ 27.88	
All Ages	Z9113	1/4 Hr Collateral Contact By A Psychologist	\$ 13.88	
All Ages	CPM1	Psychological Therapy Chronic Pain Management Initial Evaluation	By Report	
All Ages	CPM2	Psychological Therapy Chronic Pain Management Follow Up	By Report	
All Ages	CPM3	Psychological Therapy Chronic Pain Management, Group Therapy Per Hour	By Report	
All Ages	Y9840	1 Hr Psychological Testing, W/Report By A Psych. Examiner	\$ 45.00	
All Ages	Y9841	3/4 Hr Psychological Testing, W/Report By A Psych. Examiner	\$ 33.75	
All Ages	Y9842	1/2 Hr Psychological Testing, W/Report By A Psych. Examiner	\$ 22.50	
All Ages	Y9843	1/4 Hr Psychological Testing, W/Report By A Psych. Examiner	\$ 11.25	
All Ages	Z6080	1/4 Hr Individual Intervention Service Psych. Examiner	\$ 11.25	
All Ages	Z6081	1/2 Hr Individual Intervention Service Psych. Examiner	\$ 22.50	
All Ages	Z6082	3/4 Hr Individual Intervention Service Psych. Examiner	\$ 33.75	

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ALLOWED AGE	PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	PRIOR AUTH
All Ages	Z6083	1 Hour Individual Intervention Service Psych. Examiner	\$ 45.00	
All Ages	Z6084	1/4 Hr Group Intervention Service Psych. Examiner	\$ 3.04	
All Ages	Z6085	1/2 Hr Group Intervention Service Psych. Examiner	\$ 6.08	
All Ages	Z6086	3/4 Hr Group Intervention Service Psych. Examiner	\$ 9.11	
All Ages	Z6087	1 Hour Group Intervention Service Psych. Examiner	\$ 12.15	
All Ages	Z6088	1/4 Hr Collateral Contact By A Psychological Examiner	\$ 11.25	
All Ages	Z6089	1/2 Hr Collateral Contact By A Psychological Examiner	\$ 22.50	
All Ages	Z6090	3/4 Hr Collateral Contact By A Psychological Examiner	\$ 33.75	
All Ages	Z6091	1 Hr Collateral Contact By A Psychological Examiner	\$ 45.00	
All Ages	90801	Psychiatric diagnostic interview examination – Quarter hour	\$ 13.95	¼ hr
All Ages	90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	\$ 13.95	¼ hr.

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THE REIMBURSEMENT CODES BELOW WILL BE ACTIVATED UPON NOTICE TO PROVIDERS FROM THE DEPARTMENT. THESE CODES WILL REPLACE THE LOCAL CODES INDICATED ABOVE. REIMBURSEMENT RATES WILL NOT BE AFFECTED.

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ALLOWED AGE	PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT
All Ages	90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face to face with the patient	\$ 27.90	½ hr.
All Ages	90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.	\$ 27.90	½ hr.
All Ages	90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient	\$ 27.90	½ hr.
All Ages	96100	Psychological testing by a psychologist	\$55.81	1 hr.
All Ages	96100 -52	Psychological testing by a psychological examiner	\$45.00	1 hr.
All Ages	90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient.	\$ 27.90	½ hr.

Eff.  
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Note: Please see Chapter II regarding limitations to services.

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ALLOWED AGE	PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT
All Ages	90846 <sup>2</sup>	Family psychotherapy (without the patient present)	\$ 13.95	¼ hr.
All Ages	90847 <sup>2</sup>	Family psychotherapy (conjoint psychotherapy (with patient present))	\$ 13.95	¼ hr
All Ages	90849 <sup>2</sup>	Multiple-family group psychotherapy	\$ 4.25	¼ hr.
All Ages	90853 <sup>2</sup>	Group psychotherapy (other than of a multiple-family group)	\$ 4.25	¼ hr.
All Ages	90857 <sup>2</sup>	Interactive group psychotherapy	\$ 4.25	¼ hr.
All Ages	90885 <sup>1</sup>	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	\$ 13.95	¼ hr.
All Ages	90887 <sup>1</sup>	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$13.95	¼ hr
All Ages	90889 <sup>1</sup>	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies or insurance carriers.(Collateral) psych exam	\$ 11.25	¼ hr.
All Ages	90899-HT	Self Administered tests	\$ 2.50	Per test
All Ages	T5999	Testing Material	By report	
All Ages	90899-ET	Emergency Care – outside normal hours	By report	

Eff.  
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Note: Please see Chapter II regarding limitations to services.